

so if somebody needs to get a passport, we go hurry up and try and help them get their passport quicker. If somebody has a problem with a permit or something, WE go call the bureaucrats up and say, Can you help out? What form have we not done? How can we help this? And we try to help our constituents out. Now, I'm picturing I'm on the phone and we've got this kind of system, and I'm getting the phone call that says, You've got some government bureaucrat that just told my dad he can't get a heart bypass. What am I supposed to do?

I yield.

Mr. SOUDER. The chancellor of one of my universities, yesterday, when I was at Turnstone, this fellow that works with kids who have physical disabilities and gets them recreational activities, he said, My dad is a veteran and my mom is now in the hospital, and we tried to check with the Federal Government to get the eligibility benefits. We kept getting taped messages saying the person is there on Thursdays for 2 hours.

That's what you'll get with government health care.

Mr. AKIN. Thursdays on 2 hours. So get in line. That's incredible.

We are about at the end of our hour. I would very much like to thank my good friends representing a host of different States, people with a great deal of common sense, and particularly Pennsylvania, with 25-plus years of being in the medical business. You see this thing, it's like a train wreck that you're seeing in slow motion.

What we're trying to say is Americans, pay attention. We cannot afford to go this deal about taking 18 percent of our economy and giving it to the Federal Government to run. It doesn't make sense. It's going to be expensive. It's going to destroy health care. And in every other regard, this is just a bad deal for everybody.

Thank you so much for joining me, gentlemen.

#### REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF CONFERENCE REPORT ON H.R. 2892, DEPARTMENT OF HOMELAND SECURITY APPROPRIATIONS ACT, 2010

Mr. HASTINGS of Florida, from the Committee on Rules, submitted a privileged report (Rept. No. 111-300) on the resolution (H. Res. 829) providing for consideration of the conference report to accompany the bill (H.R. 2892) making appropriations for the Department of Homeland Security for the fiscal year ending September 30, 2010, and for other purposes, which was referred to the House Calendar and ordered to be printed.

#### REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2442, BAY AREA REGIONAL WATER RECYCLING PROGRAM EXPANSION ACT OF 2009

Mr. HASTINGS of Florida, from the Committee on Rules, submitted a privileged report (Rept. No. 111-301) on the resolution (H. Res. 830) providing for consideration of the bill (H.R. 2442) to amend the Reclamation Wastewater and Groundwater Study and Facilities Act to expand the Bay Area Regional Water Recycling Program, and for other purposes, which was referred to the House Calendar and ordered to be printed.

#### THE CONGRESSIONAL BLACK CAUCUS HOUR

The SPEAKER pro tempore (Mr. KISSELL). Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Ohio (Ms. FUDGE) is recognized for 60 minutes as the designee of the majority leader.

##### GENERAL LEAVE

Ms. FUDGE. Mr. Speaker, I ask for unanimous consent that all Members be given 5 days to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Ohio?

There was no objection.

Ms. FUDGE. Mr. Speaker, the Congressional Black Caucus, the CBC, is proud to present this hour on issues that concern America's senior citizens. The CBC is chaired by the Honorable BARBARA LEE from the Ninth Congressional District of California. I am Representative MARCIA L. FUDGE from the 11th Congressional District of Ohio, and I am the anchor of the CBC hour.

The vision of the founding members of the Congressional Black Caucus, to promote the public welfare through legislation designed to meet the needs of millions of neglected citizens, continues to be a focal point for the legislative work and political activities of the Congressional Black Caucus today.

Tonight, the CBC will focus its attention on the issues currently confronting our seniors. In his last speech, Hubert Humphrey said, The moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy, and the handicapped.

The fact that some Americans work their entire life, regularly paying into Social Security and are confronted by poverty in their golden years is indeed a problem, Mr. Speaker.

□ 1800

The social insecurity facing our Nation's seniors is not a Democratic problem or a Republican problem; it is an American problem, Mr. Speaker. This year's news headlines tell the story: "Seniors Struggle With High Cost of

Housing and Food, Barely Getting By"; "Seniors Struggle to Survive"; "Single Seniors Can't Make Ends Meet"; "Subsidized Lunches in Greater Demand Among Senior Citizens"; "Forty Percent of Senior Citizens Not Taking Prescribed Medicines Due to Budget"; "Senior Citizens See Largest Gain in Credit Card Debt As Recession, Medical Costs Take a Toll."

Mr. Speaker, our country will recover from this recession, but we cannot forget the seniors who struggled before the recession began. Many live on fixed incomes and find it difficult to live under the pressure of high medical bills and the rising cost of essentials like medication, food, and housing.

One of the most disheartening news headlines of 2009 had the title, "U.S. Is Losing Ground on Preventable Deaths." In this story, AARP reported that Americans are dying too soon, although the United States spends \$2.4 trillion a year on medical care, vastly more per capita than comparable countries. Our Nation ranks last when compared to 19 other industrialized nations on premature deaths caused by illnesses such as diabetes, epilepsy, stroke, influenza, ulcers and pneumonia, all medical issues that disproportionately attack and weaken American seniors.

In my district, senior citizens call my office daily. Some call looking for reassurance that Medicare will be strengthened through the health care reform, and others asking questions about the future of Social Security.

One senior called just this past week. He is an 85-year-old man living in public housing. He has an artificial leg which he has had since the age of 11. He is worried that his Social Security check will not cover the cost of the medications he uses for complications caused by his artificial limb if the cost of his medications continues to climb.

I am confident, Mr. Speaker, this Congress will answer the calls and the concerns of these seniors, and I will not rest until all seniors have their answers.

Reports have been looming for years about the long-term financial problems of Social Security. The retirement program is projected to start paying out more than it receives in the year 2016. According to the Social Security trustee, without changes, the retirement fund will be depleted by 2037.

Demographic factors are accelerating Social Security problems. Life expectancy is increasing faster than anticipated. In 1940, a 65-year-old man could expect to live maybe another 12 years. Today it's 15 years, and by 2040, it will be 17 years. The fertility rate is falling faster than expected, from 3.6 children for a typical woman of childbearing age in 1960 to just two today, and a projected 1.9 by 2020.

The elderly portion of the population will likely rise from 12 percent today to 20 percent by 2050, increasing the number of retirees from 34 million to 80 million. The smaller working age population and larger elderly population

means that where there were more than five workers for each retiree in 1960 and 3.3 workers per retiree today, by 2030 there will be just two workers to pay the taxes for the benefits of each retiree.

Social Security is a pay-as-you-go system, as you know, with each generation of workers paying the benefits of current retirees. This works fine as long as the working population grows faster than the retired population; but now that the trend has reversed, the system is simply unsustainable.

Congress and the Social Security Administration are seeking solutions to this long-term problem; but at the same time, we have to work on the existing problems confronting our seniors on Social Security. Recently, the Congressional Budget Office reported that for the first time in 35 years older Americans will not receive a cost-of-living adjustment, or COLA, increase in their Social Security checks in 2010. This is bad news for many retirees living on a fixed income because although the cost of necessary goods like food will continue to rise, seniors who rely on Social Security checks will not see their budgets increase.

To compound this problem, millions of the same seniors whose budgets may be tighter than ever will also face much higher Medicare part B and Medicare part D premiums next year. Medicare part B insurance covers doctors visits, lab work, physical therapy, and other types of outpatient services. Medicare part D is the Medicare prescription drug program.

A Federal law, known as the "hold harmless" rule, prevents the annual cost of part B premiums from rising higher than that year's Social Security COLA. For example, if your annual Social Security income increases by 5 percent, the yearly part of part B premiums cannot increase by more than 5 percent. The problem is that, while this hold harmless rule covers some Medicare part D patients, it does not cover any of the 28 million seniors insured by Medicare part D prescription drug coverage, and it does not cover about 11 million Medicare part B seniors.

Mr. Speaker, I have been joined today by my colleague and friend, the Congressman from Minnesota. I would like to yield as much time as he may consume.

Mr. ELLISON. I want to thank the gentlelady from the great State of Ohio for doing such a wonderful job talking about health care, our seniors, talking about all these critically important issues facing our Nation right now.

As the gentlelady is very well aware, we are at the very edge, at the very moment where we can have real health care reform for all, or maybe not. The reality is that we are optimistic. We are closer than we have been in 60 years, closer than we were in 1994, closer than we were when Roosevelt first said all Americans should have health care and have health and wellness,

closer than we were when Truman said we need universal health care coverage.

We are close. We have five bills reported out, three bills through the House, two bills through the Senate. And right now, Americans all around the country are saying, will the Congress finally do it?

Do you know that upwards of 77 percent of Americans want real health care reform? They want health care reform with a public option. They want real change, and it's time that they get it.

But I wanted to mention to my friend from Ohio, the great Congresswoman FUDGE, we all need health care reform. The fact is that when health care reform arrives, it will benefit communities of color more than it will other communities. It will benefit everybody. Everybody who will never be turned down for a preexisting condition will benefit. Everybody who has seen their premiums double over the last 10 years and will probably see them double in the next 10 years will benefit. But when you look at the startling disparities people of color are facing every day, I think that they will benefit more.

Just to let everybody know, the fact is that, yes, it's true, life expectancy for the average American has gone up. But for average African Americans, it still lags behind about 5 to 6 years. For African American men, it's not even 70 years old yet. African American men, on average, can expect to live to be about 69. Their counterparts can expect to live to be about 75. Now, imagine a child being born at the age when their grandpa is 69 years old. That means that if that child is African American and their grandfather is, they may never know grandpa.

But if we really address health care disparities, maybe we can get African American men up to 75 years old. That means that they will get a chance to bounce on his knee, get to know him, get to talk to him, get to learn something from him, maybe learn how to go fishing. It's a quality of life issue, more years. Addressing that cervical cancer earlier means grandma will be around longer.

Most of us, if you grew up like I did, know that mom and dad had to be tough on you because they had to raise you right. But there is one person who you knew thought you were absolutely terrific no matter what you did, and that's grandma, right?

Ms. FUDGE. That's absolutely right. Will the gentleman yield?

Mr. ELLISON. I will yield to the gentlelady.

Ms. FUDGE. I just wanted to say that, as you talk, it just really gives me some encouragement that we have put in place legislation that is going to allow us to deal with preventive care and wellness. Certainly that is an issue in our neighborhoods and all neighborhoods, especially neighborhoods of poor people and middle class people. It has become a major issue just finding the resources and the time and ability to

go to the doctor and say, I have a small problem, let's take care of it before it becomes a big problem.

And I think that just what you're talking about is preserving the longevity of grandma and your uncles and your aunts based upon the fact that they are going to be healthier longer is very, very important. And I yield back.

Mr. ELLISON. Well, I accept the gentlelady's yielding because it's important that when we talk about health care—you know, Mr. Speaker, we talk about statistics. And we drop stats, and we're talking about statistics and numbers and all of this stuff that we talk about. But we can never forget we are talking about human beings' lives. We're talking about human beings having more time with each other. We're talking about, as we said, your grandmother being there; and yet because of health disparities, inequality in the area of health, she is not being there. And how enriched a human being is by having that generational exchange.

These are just little examples of what we're talking about. And that's why Democrats are pushing forward on health care. That's why the Black Caucus is pushing forward on health care. That's why we need all Americans who care about a better quality of life to be pushing forward on health care. We can't survive with the status quo. Literally, we cannot survive with the status quo.

I yield to the gentlelady.

Ms. FUDGE. Thank you. You are absolutely right; we cannot survive with the status quo.

And the other thing that this bill does is it allows us to say to those who have for so long not been able to really live a healthy lifestyle—not because they don't want to, but because they don't have the ability to—to now say, look, we are going to put resources in your neighborhood community clinic so that you can go and make sure that your children have the proper exams and the proper things before they go to school.

We are going to be in a position where we say to them, we are going to make this health care accessible to you, not just on Monday through Friday from 8 to 4, when working parents have to work; but because of the resources we're providing, we are now opening these clinics on Saturday. We are now saying to them we are going to make this more convenient for you because we want you to be healthy. We want to set the example, set the standard; and it's time we do those kinds of things for the people we serve because that is our job is to take care of the people we serve.

I yield back.

Mr. ELLISON. I thank the gentlelady for yielding.

Mr. Speaker, I mean, the point is that part of this bill says, if it's enacted into law, that, you know what? You will not have to pay a copayment for preventative services. We want you to engage in preventative medicine.

Get your sugar checked. Get your blood pressure checked. Come on in here and let's make sure that you get a prostate or a mammogram. The fact is these are the things that are going to keep you around here longer and will save the system money in the long run. These things are so important.

And I just want to give folks an example. In the year 2004, just a few years ago, African Americans had the highest age-adjusted causes of death rates for all races and ethnicities. In addition, African Americans have the highest age-adjusted death rate for heart disease, cancer, diabetes, HIV and AIDS. All of these things would be addressed if we can pass this bill and keep those things in the bill that address health disparities. That's why we need people to step forward and do the right thing and support this bill.

You know, the American people have called for change, but I just want to let folks know that the change that we're calling for will help all Americans. And while it might not help some executive insurance companies, it will everybody else. And when everybody else gets helped, this rising tide will lift people at the bottom higher, and it will help extend their lives and improve the quality of their life.

At this point, I am going to have to turn it back over to the gentlelady. She has been doing such an excellent job, but I just want to say thank you for doing what you can do to raise the consciousness of the American people because the American people want change, they want optimism, they want people who will fight for change. They don't want folks who are going to give us the same old thing, because we can't survive with the status quo; but with change, we can.

Ms. FUDGE. Thank you very, very much. I am so pleased to have you join me this evening, Mr. ELLISON. I thank you for your work. You do outstanding work on behalf of people in the most need, and I am happy you could join me.

It seems as though now we have been joined by our Chair, the Honorable BARBARA LEE, the gentlelady from California. I will now yield to our chairwoman. Thank you so much for being here.

□ 1815

Ms. LEE of California. Thank you very much. Let me thank the gentlelady for yielding.

Let me also, once again, thank you for your leadership in making sure that all of the issues that are so important to our country and to the Congressional Black Caucus, to all of us, are really brought forward on this floor.

I rise tonight on behalf of—and I just have to say—our nearly 70,000 senior citizens whom I have the privilege to represent in the Ninth Congressional District of California, but also the seniors across this country. As our Nation's economic uncertainty continues, it is these individuals who are strug-

gling at a disproportionate rate to overcome the grip of poverty and to maintain their quality of life, so it is important that tonight we talk about what is going on with our senior citizens and how important this moment is for them.

During the present turmoil, these hardships are especially acute amongst people of color, minorities, with more than 22 percent of African American and 19 percent of Latino seniors living below the poverty line. These poverty levels are more than double the national average for all individuals over 65 years of age.

Now, I firmly believe, like Congresswoman FUDGE and like all of us here believe in the Congressional Black Caucus, that we have a moral responsibility, a duty and an obligation to reverse this disturbing trend by utilizing the full constitutional power, statutory authority and resources of our government to provide opportunities for all and to develop these pathways out of poverty for our seniors. Some of these pathways include critical programs such as Social Security, continued support of Medicare and reforming our Nation's health care system, which you heard about earlier and which we are in the midst of reforming as we speak.

Social Security benefits constitute 90 percent of the income of one-third of Americans over 65. Many of the 75,000 residents in my district who receive Social Security are dependent on their guaranteed benefits. Without these vital benefits, nearly 50 percent—mind you, 50 percent—of seniors nationwide would be forced to live in poverty, which is a five-fold increase over the present rate. This makes it very critical for all of us to fight against any efforts that would threaten the benefits on which so many senior citizens rely.

I hear this from my mother, Mildred Massey, each and every day. So, on her behalf, I want to reiterate that once again.

We must also understand that, as the costs of medical care continue to rise, ensuring individuals' economic stability is inextricably linked to reforming our broken health care system. Today, as a Nation, we spend approximately \$2.2 trillion per year on health care, or \$7,400 per person, which is nearly twice the average of other developed nations and more than what we currently spend on either housing or food.

Members of Congress, especially members of the Congressional Black Caucus here, really do disproportionately represent the men, women, children, and especially seniors who are underinsured and uninsured and whose health and wellness have suffered because of the numerous gaps.

Some of us are calling these, really, moral gaps in our Nation's health care system. We support efforts to reform and to modernize America's health care system through comprehensive health care reform, and members of the

Congressional Black Caucus support health care reform that includes a strong, robust public option like Medicare, which is a component of health care reform for which we are unwavering in our support. We want to continue to strengthen and to protect Medicare for our seniors, and we are determined to do that in this health care reform effort—that is, strengthen and protect Medicare for our seniors. We agree that Medicare services should not be reduced as a means of paying for this health care reform bill.

While the proposed provisions for our robust public option will not be implemented until 2013, we also recognize that, as early as 2010, many positive reforms will be enacted, such as prohibiting the abusive health insurance practice of rescinding existing coverage in order to avoid future costs, improving preventative care and coverage, making prescription drugs more affordable by eliminating the gaps in coverage, and increasing funding for community health centers. So this is essential in our health care reform package, but as I said earlier, we want to strengthen and we want to protect Medicare for our seniors.

Finally, let me just say, as a member of the Subcommittee on Labor, Health and Human Services and Education of the Appropriations Committee, I would like to highlight the initiatives in the 2009 omnibus appropriations bill which strive to close the huge gaps in coverage and access for America's seniors by providing \$22 million for a new initiative to reduce hospital and clinic infections that cause nearly 100,000 deaths each year. That's staggering. Hospital and clinic infections cause nearly 100,000 deaths each year. What we did is we put in \$22 million so we can begin to combat these avoidable infections and reduce hospital readmission rates.

In addition, \$45 million has been set aside for health insurance counseling for seniors so that millions of Medicare beneficiaries can get the help that they need to understand and to utilize their complex benefits. I understand how complex some of this can be, and this counseling is so important. For those of us who have mothers and fathers and grandparents and aunts and uncles who are senior citizens, we know very clearly how difficult it is to weed through some of these forms and through some of these benefit regulations and rules, and we need to make it less complicated. So, hopefully, this \$45 million will help our senior citizens.

From the members of the Greatest Generation to the aging baby boomers, our seniors have given much over the years, so it must be our charge to support them and to remain focused on tackling the many challenges facing our Nation. We look forward to working with our leadership on both sides—Democrats and Republicans—in the following weeks to do everything that we can to continue to guarantee continuing care—Medicare and health

services—for this great group of Americans.

Thank you, Congresswoman FUDGE.

Ms. FUDGE. Thank you so much, Madam Chair. It's always a pleasure to have you join me. Even though we generally do this on Monday nights, this is a special Wednesday night for us, so I appreciate your taking the time to stop by. Thank you very much.

Mr. Speaker, as I mentioned, I believe this Congress is willing to take a stand for seniors. I am proud to be a cosponsor of several pieces of legislation and to be a signatory on a number of letters to congressional leadership and Federal agencies which were authored to help seniors who are facing mounting financial and medical concerns.

One important bill, the Social Security COLA Fix for 2010 Act, ensures that seniors receive their COLAs for 2010. This legislation will help offset rising costs by providing seniors with a one-time \$150 payment in lieu of the Social Security COLA. The offset is fully paid for, and the legislation would not affect other Federal programs. For example, the one-time \$150 payment would not count as income, and as a result, it would not push seniors who are too young to qualify for Medicare out of the eligibility for Medicaid.

I want to talk just a bit about end-stage renal disease, Mr. Speaker, which is a disease that affects many seniors in my district and around the country. They are those who experience kidney failure. Last year, Congress passed legislation to provide up to six sessions of pre-end-stage renal disease education to Medicare beneficiaries experiencing kidney failure.

I joined a number of other Members of Congress and sent a letter to the directors of the Centers for Medicare and Medicaid Services, urging them to reconsider the proposed physician fee schedule, which would reimburse a 60-minute kidney education service, provided by a licensed physician, at the same rate as a 15-minute session provided by a nutritionist. The letter also requests that CMS reconsider the restriction on who can administer pre-end-stage renal disease education. Currently, only physicians can provide this service, although, licensed practitioners, such as nurses and nutritionists, are available and are trained to provide this education as well.

Adjusting the reimbursement rate and allowing multiple types of licensed practitioners to educate seniors with kidney failure will ensure that seniors facing end-stage renal disease will get the care and education they need.

For many seniors, their major concern about aging is the fear of losing their mental capabilities. That is why I am a cosponsor of the Alzheimer's Breakthrough Act of 2009, which is a bipartisan piece of legislation that includes an authorization of \$2 billion for Alzheimer's funding at the National Institutes of Health, for support for caregiver programs and for a national summit on Alzheimer's.

Another piece of legislation which is essential to the welfare of America's seniors is the America's Affordable Health Choices Act of 2009. While some seniors have received misinformation and have voiced suspicions that health care reform would cut Medicare benefits, many know the truth about this bill. Medicare will be absolutely strengthened under the proposal.

As we all know, the health care reform bill is not yet complete, and many more changes will be made before it becomes law. While I cannot predict how the bill will be structured once it is finalized, I can tell you that I am fighting to ensure health care for seniors will not be diminished in any way.

Under the House proposal, seniors should notice a number of improvements in services. To be more specific, the House proposal will protect Medicare by shoring up funding for the program across the board so that all Americans will have this benefit as they grow older.

The bill will lower drug costs by eliminating the Medicare part D doughnut hole for prescription-drug coverage. The doughnut hole refers to a costly gap in the Medicare part D prescription drug plan. The plan currently covers up to \$2,700 per year in prescription-drug benefits. Then it stops. Coverage does not begin again until a recipient's drug cost exceeds \$6,100 annually, thus, leaving the recipient responsible for paying all drug costs between \$2,700 and \$6,100.

Under the proposed legislation, seniors could receive a 50 percent discount on brand name drugs in the doughnut hole immediately after the bill passes. This is a measure that would provide immediate relief for seniors who must choose to either purchase medication or food—a choice no American should be forced to make.

The legislation provides free preventative care. Seniors would pay nothing on preventative screenings and services designed to keep them healthier longer.

The bill improves primary care by ensuring that seniors are able to spend more time with their primary care doctors.

There are provisions to enhance safety by developing national standards that measure medical care quality by investing in patient safety and by rewarding doctors and nurses who administer high-quality care.

The legislation increases oversight by cracking down on waste, fraud, abuse and medical overpayments.

There are provisions that encourage hospitals with high readmission rates to provide transitional and coordinated care services.

Finally, Mr. Speaker, the bill has new initiatives to improve nursing home quality and transparency.

Seniors should not be fearful. Change, we know, is difficult, but as Henry Ford said: Don't find fault; find a remedy.

Experts who have studied the House health care reform legislation found that the proposed changes actually strengthen Medicare and improve beneficiaries' care and access to physicians. Passing legislation that improves the lives of seniors is the number one priority in this Congress. Seniors should not have to fear or wait any longer. I say to all of the seniors: We are fighting for you. Every day, we are fighting for you, and we will not let you down.

#### HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Texas (Mr. BURGESS) is recognized for 60 minutes.

Mr. BURGESS. I thank the Speaker for the recognition.

Mr. Speaker, I come to the House floor tonight to talk a little bit more about health care. It is, it seems, the number one topic of the day here in Washington, D.C. It's interesting because probably 50 percent of Americans care more about what we are doing as far as job creation, and 14 percent are concerned about health care. You would think that we would adopt the Bill Clinton phrase of "focusing like a laser beam" on the economy and "focusing like a laser beam" on job creation. But health care is important, and it is appropriate that we spend some time discussing it because, likely as not, before the end of this month, certainly before the end of this year, it is possible that some type of bill will pass this House, although it may not be to the liking of a great number of Americans.

Mr. Speaker, I know that my comments must be directed to you and not to others, but I would say, Mr. Speaker, that if I were able to talk to people about what they could do, a plan for action, I will be discussing that toward the end of this hour.

□ 1830

So I do encourage people to stay tuned to this debate—not necessarily to this discussion this hour—but stay tuned to this debate because it is important. It is going to affect the lives and livelihoods of Americans from this day forward for a long, long time. It is extremely appropriate that we take our time, that we get this right, that we do not hurry through the process, that we do not cut corners.

Now, Mr. Speaker, you look at where we are 10 months into this year. Do we have the trust of the American people in this body? The answer to that question is, it doesn't seem so. What people have seen this year—and even going back into last year in the term of the previous President, President Bush, they saw a couple of bailouts last year, they've seen more of the same this year, they've seen stimulus, they've seen automobile takeovers, financial sector takeovers, cap-and-trade that passed the floor of this House that